P11000008920

(Requ	uestor's Name)				
(Addr	ess)				
(Addr	ess)				
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

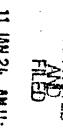
Office Use Only



800192261018

01/24/11--01032--020 **87.50

SECRETARY OF STATE





COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Maribel Castellanos, Ir	nc	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Maribel Castellanos	e (Printed or typed)	
16257 nw 91 ave		
•	Address	
Miami Lakes, FI 33018 City,	State & Zip	
(786) 587-0121 Daytime T	elephone number	+ The born the constitution of the constituti
kellykevin05@hotmail.co	om d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME Mari	bel Castellanos, li	nc		
ARTICLE II	PRINCIPAL OFFIC	E			
	Principal street ac	idress	Mailin	g address, if different is:	
	16257 nw 91 ave			·	
	Miami Lakes, FL330	18	•		
ARTICLE III	PURPOSE		 		
The purpose for	which the corporation is	organized is:			
Documents	Delivery			5004	
				JAN 24 CRETARY LAHASSE	
				李里 圣	
ARTICLE IV	SHARES			jii 🚬	T
The number of s	hares of stock is:100			1	O.
4000000		~		98 =	
	INITIAL OFFICERS		Nome and Title	3	. 1
Address:	Title: Maribel Castell	/e		•	. !
Addiess.	Miami Lakes, F	33018	Address.	5.6	
	THIRD LINES, I				•
Name and	Title:		Name and Title:		
Address:			Address:		
					
		· · · · · · · · · · · · · · · · · · ·			
Name and	Title:		Name and Title:		
Address:			Address:		
	· · · · · · · · · · · · · · · · · · ·			The state of the s	
ARTICLE VI	REGISTERED AGE	INT			
	<u>lorida street address</u> (P.C				
Name:		llanos			
Address:	16257 Nw 91	Ave			
	.Miami Lakes,	FI 33018			
ARTICLE VII	INCORPORATOR				
The name and a	ddress of the Incorporator	is:			
Name:	Maribel Caste	llanos	Agriculations		
Address:	16257 Nw 91	<u>Ave</u>			
	Miami Lakes.	FI 33018			
	am figmiliar with light acco	ept the appointment as r	egistered agent and agree t	rporation at the place designated to act in this capacity	in
	Required Signa	ture/Registered Agent	····	Date Date	
I suhmit this do	cument and afflem that t	he facts stated herein a	re true I am minas that t	he false information submitted in	
document to the	Department of State cons	itutes a third degree fel	re true. I am aware that to ony as provided for in s.817	nt juse injormation submuted in 1.155, F.S.	а
	Mastella	us nature/Incorporator		// &/ // Date	
<u> </u>				• 7	